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RCE 3744

Attorney Docket No. 045956-0103
Application No. 10/522,917

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: **Henri KLEIN et al.**
Title: **AIR-CONDITIONER HOUSING**
Application No.: **10/522,917**
International Filing Date: **5/26/2003**
371(c) Date: **1/31/2005**
Examiner: **John K. Ford**
Art Unit: **3744**
Confirmation Number: **4219**

PETITION UNDER 37 C.F.R. § 1.182 FOR EXPEDITED HANDLING OF
PETITION UNDER 37 C.F.R. §1.313(c)(2)
TO WITHDRAW APPLICATION FROM ISSUE

Mail Stop **PETITIONS**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request that the enclosed "PETITION UNDER 37 C.F.R. §1.313(c)(2) TO WITHDRAW APPLICATION FROM ISSUE" be handled on an expedited basis.

The expedited handling petition fee under 37 CFR § 1.17(f) of \$400.00 is being paid by credit card statement attached.

Refund Ref:
02/03/2009 0030866229

01/29/2009 SMOHAMME 00000106 10522917

Credit Card Refund Total: \$400.00

01 FC:1462 400.00 OP

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Adjustment date: 02/03/2009 CKHLOK
01/29/2009 SMOHAMME 00000106 10522917
01 FC:1462 -400.00 OP

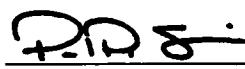
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The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Respectfully submitted,

Date February 28, 2009

By 

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	1-30-09	2 Serial/Patent #	10/522917
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition		1-28-09	\$ 400
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Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 400
		8 TO BE REFUNDED BY:	CC
10 REASON:		Treasury Check	
Overpayment		Credit Deposit A/C #:	
Duplicate Payment		9	
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		Karen Creasy	
TITLE:		Petitions Examiner	
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
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